

NOTICE OF COLORADO SCHOOL OF HEALING ARTS PRIVACY PRACTICES

**THIS NOTICE DESCRIBES
HOW MEDICAL INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

As clients of the massage clinic at the Colorado School of Healing Arts, (CSHA), you are entitled to receive notice about our privacy practices and how we may use and disclose your personal health information in different circumstances. This Notice explains how we use and disclose your personal information, the choices and rights you have about how your personal health information may be used and disclosed, and our obligations to protect the privacy of your personal health information.

Introduction: When you become a client of the CSHA massage therapy clinic, you will provide us with information about your health. Each time you visit us, another record of your visit and what was done will be made. Your health record is the information that we use to plan your massage session and is used when we receive payments for your session. It is important for you to understand that your health record contains personal health information that is protected by federal and state laws.

Our Duties: CSHA is required by law to maintain the privacy of your personal health information and to provide you with notice of our legal duties and privacy practices with respect to your personal health information. We are required to comply with the terms of this Notice which is currently in effect, but we reserve the right to change our privacy practices and to make such changes apply to all the protected health information we maintain. In the event that our Notice changes, we will provide you with a Notice of the change the first time you visit us after the change or otherwise upon your request.

Use and Disclosures for Massage Therapy Session, Payment and School Clinic Operations

After we make a good faith effort to provide you with this Notice, we may use your personal health information to help design your massage therapy session, for our internal massage clinic operations and for obtaining payment for any no-show massage sessions. We may use and disclose your personal health information for such purposes in the following ways:

- *To Help Design Your Massage Therapy Session:* Your massage therapist and the clinic staff will use your personal health information to plan, provide and coordinate your massage sessions.
- *For Our Internal Massage Clinic Operations:* We may use your protected health information for use for training and teaching our clinic operations, such as using your name for filing the client charts and scheduling sessions.
- *For Obtaining Payment:* Your name, address and phone number is used to obtain payment for any no-show clinic sessions.

Use and Disclosures of Your Personal Health Information With Your Authorization

For purposes *other* than designing your massage session, our internal massage clinic operations or obtaining payment, we will obtain your written authorization prior to using or disclosing your personal health information (unless we are required or permitted to use or disclose your information as set out below). You have the right to revoke any authorization you have given us at any time. If you have any questions about written authorizations, please contact the school Director at the address or telephone

number below. The school Director will provide you with information about giving or revoking your authorization for us to use or disclose your personal health information.

Uses and Disclosures We May Make Unless You Object or Express Restrictions

Unless you object, we may contact you via Constant Contact email to provide information about our clinic that may be of interest to you. In case of emergency, we may use or disclose your personal health information to notify a family member, close friend or another person responsible for your care, provided that you have the opportunity to agree or object. If you are unable to agree or object, we may disclose this information as necessary if we determine that it is in your best interests based upon our professional judgment.

Uses and Disclosures We Are Permitted or Required to Make Without Your Authorization

We may use and disclose your personal health information without obtaining your written authorization, in the following situations:

- *Law Enforcement:* We may disclose your personal health information for a law enforcement purpose to law enforcement officials in compliance with and as limited by applicable law.
- *Health and Safety:* We may disclose your personal health information to prevent or lessen a serious threat to any person's or the public's health or safety. In all cases, disclosures will only be made in accordance with applicable law.
- *Workers' Compensation:* We may disclose your personal health information to judicial or administrative proceeding in response to orders, subpoenas and other valid legal process.

Your Rights: You have the following rights with regard to your personal health information:

- Right to Receive a Copy of this Notice. Upon request, you have the right to receive a paper copy of this Notice.
- Right to Inspect and Copy Your Health Information. Upon written request, you have the right to access and obtain a copy of your health information maintained by us. Please contact the school Director for assistance in obtaining or copying your health information (You will be charged 10¢ for each impression.).
- Right to Amend Your Health Information. You have the right to request in writing that we amend your health information which we maintain. We will comply with your request in the event that we determine the information that you are asking us to amend is false, inaccurate or misleading. Please contact the school Director for assistance in seeking an amendment to your health information.



7655 W. Mississippi Ave.
Suite 100
Lakewood, CO 80026
303-986-2320